

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 16 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">402087.22</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">334946.02</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">31494.30</span>	<span style="border: 1px solid black; padding: 2px;">287273.27</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">366440.32</span>	<span style="border: 1px solid black; padding: 2px;">689360.49</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">20397.41</span>	<span style="border: 1px solid black; padding: 2px;">343317.58</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">346042.91</span>	<span style="border: 1px solid black; padding: 2px;">346042.91</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16814.01

192382.46

(ii) Unitemized .....

14390.00

84527.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31204.01

276910.02

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

31204.01

276910.02

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

290.29

2863.25

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

31494.30

287273.27

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

31494.30

287273.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	397.41	4099.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	397.41	4099.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	338500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	718.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	718.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20397.41	343317.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20397.41	343317.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31204.01	276910.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31204.01	276191.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	397.41	4099.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	290.29	2863.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	107.12	1236.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stoney A Abercrombie MD**

Mailing Address 170 Graylyn Dr

City

Anderson

State

SC

Zip Code

29621-1982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 16 / 2013

Transaction ID : C2426559

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Luz M Acevedo Vargas**

Mailing Address 265A Calle 20

City

Guaynabo

State

PR

Zip Code

00969-4447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2013

Transaction ID : C2419634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patricia Park Ahlen MD**

Mailing Address 409 Spyglass Dr

City

Eugene

State

OR

Zip Code

97401-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2013

Transaction ID : C2436922

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John W Aldis MD**

Mailing Address 4911 River Rd

City

Shepherdstown

State

WV

Zip Code

25443-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 19 / 2013

Transaction ID : C2430435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Douglas Aldstadt MD**

Mailing Address 4202 Southridge Ct  
Ste 300

City

Englewood

State

OH

Zip Code

45322-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 16 / 2013

Transaction ID : C2426550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Patrick Norbert Arnold MD**

Mailing Address 1990 Marywood Ln

City

Saint Paul

State

MN

Zip Code

55118-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C2437513

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Justin V Bartos MD**

Mailing Address 4300 Cagle Dr  
Ste 200

City State Zip Code  
North Richland Hills TX 76180-8380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2013

**Transaction ID : C2433260**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Joane Goforth Baumer MD**

Mailing Address 910 Houston St  
Apt 701

City State Zip Code  
Fort Worth TX 76102-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : C2426489**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**c. Janalynn Fish Beste MD**

Mailing Address 1212 Vanderhorst Pl

City State Zip Code  
Wilmington NC 28405-5327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2013

**Transaction ID : C2429399**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

487.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Reid B Blackwelder MD**Mailing Address 4407 Leedy Rd  
201 Cassel Dr

City Kingsport State TN Zip Code 37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2013**Transaction ID : C2423743**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mott Parks Blair MD**

Mailing Address 411 E Westbrook St

City Wallace State NC Zip Code 28466-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vidant Medicine - Greenville, NC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013**Transaction ID : C2437388**

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

**C. Julia Lett Boothe MD**

Mailing Address 14670 Bel Aire Est

City Coker State AL Zip Code 35452-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pickens Co Med Center

Occupation

Clinic Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2013**Transaction ID : C2432958**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

641.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Robert C M Bourne MD**

Mailing Address 1538 Dwight St

City

Redlands

State

CA

Zip Code

92373-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaver Medical Group

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Transaction ID : C2426577

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Robert C M Bourne MD**

Mailing Address 1538 Dwight St

City

Redlands

State

CA

Zip Code

92373-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaver Medical Group

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C2437414

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. John R Bucholtz DO**

Mailing Address 6378 Cape Cod Dr

City

Columbus

State

GA

Zip Code

31904-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbus Regional Healthcare System

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

Transaction ID : C2433741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

310.84

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Angela Caffaratti MD**

Mailing Address 345 Delegate Dr

City

Columbus

State

OH

Zip Code

43235-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MT CARMEL MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : C2417322**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : C2433261**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C2437389**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Po-Shen Chang MD**

Mailing Address 139 Monticello Dr

City

Longview

State

WA

Zip Code

98632-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C2437495

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Susan Archer Chiarito MD**

Mailing Address 1901 Mission 66

City

Vicksburg

State

MS

Zip Code

39180-3711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mission Primary Care Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Transaction ID : C2426487

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

**C. David J Cleveland MD**

Mailing Address 214 NE Idlewood St

City

Prineville

State

OR

Zip Code

97754-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

Transaction ID : C2434312

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1041.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Crawford MD**

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City State Zip Code  
 Oklahoma City OK 73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3977.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C2433217**

Amount of Each Receipt this Period

340.92

Full Name (Last, First, Middle Initial)

**B. Jose M David MD**

Mailing Address 804 Huntington Ct

City State Zip Code  
 Albany NY 12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Peters Health Partners Medical Asso

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C2434885**

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

**C. Kisha Nicole Davis Davis**

Mailing Address 12342 Fellowship Ln

City State Zip Code  
 North Potomac MD 20878-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chase Brexton

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 20 / 2013

**Transaction ID : C2430906**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

787.59

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elisabeth K Farnum MD**

Mailing Address 33 Hyland Ave

City

East Greenwich

State

RI

Zip Code

02818-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kent Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 26 / 2013

Transaction ID : C2436168

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Carol J Featherstone MD**

Mailing Address 4732 Utah Ave N

City

New Hope

State

MN

Zip Code

55428-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C2437528

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

09 / 02 / 2013

Transaction ID : C2417235

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

09 / 08 / 2013

Transaction ID : C2419174

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Myron Arthur Fribush MD**

Mailing Address PO Box 510

City

Klawock

State

AK

Zip Code

99925-0510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kitka Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2013

Transaction ID : C2433734

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Ophelia Eugenia Garmon-Brown**

Mailing Address 1918 Randolph Rd  
Ste 175

City

Charlotte

State

NC

Zip Code

28207-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2013

Transaction ID : C2429423

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

435.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James M Gill MD**

Mailing Address 17 Henderson Hill Rd

City

Newark

State

DE

Zip Code

19711-5958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine at Greenhill

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

09 / 23 / 2013

Transaction ID : C2433737

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Olivia M Graves MD**

Mailing Address 14150 Old Cutler Ro

City

Palmetto Bay

State

FL

Zip Code

33158-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C2437506

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

**c. Jeffrey Scott Grove MD**

Mailing Address 11 Baymont St  
Apt 1002

City

Clearwater

State

FL

Zip Code

33767-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suncoast Family Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 01 / 2013

Transaction ID : C2417208

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

807.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tanya Lila Hamilton**

Mailing Address 1109 Cortez Ave

City

State

Zip Code

Billings

MT

59105-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : C2429415**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

State

Zip Code

Sioux Falls

SD

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sioux Valley Health Systems

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 04 / 2013

**Transaction ID : C2417977**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ernesto Herfter Herfter-Bueno MD**

Mailing Address 7315 Golden Glow Way NE

City

State

Zip Code

Albuquerque

NM

87113-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Presbyterian Medical Group

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : C2429468**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ernesto Herfter Herfter-Bueno MD**

Mailing Address 7315 Golden Glow Way NE

City State Zip Code  
 Albuquerque NM 87113-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Presbyterian Medical Group

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C2437737**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Thu Nguyen Howell Howell**

Mailing Address 2222 Neilson Way  
 Unit 301

City State Zip Code  
 Santa Monica CA 90405-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2013

**Transaction ID : C2433163**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Elvin C Irvin MD**

Mailing Address 555 E Cheves St

City State Zip Code  
 Florence SC 29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Baptist Health Care

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2013

**Transaction ID : C2444908**

Amount of Each Receipt this Period

91.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

251.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Samantha Lewellen Jackson MD**

Mailing Address PO Box 826

401 N Hill St

City

Hobart

State

OK

Zip Code

73651-0826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C2437502**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Marilyn Jones MD**

Mailing Address 1 W National Rd

City

Vandalia

State

OH

Zip Code

45377-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vandalie Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C2437501**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Gregory King MD**

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Primary Care Health Partners - VT, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

**Transaction ID : C2419619**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

785.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason L Knudson MD**

Mailing Address 1420 N 10Th St

City

Spearfish

State

SD

Zip Code

57783-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHP

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : C2426557**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Jon David Larson MD**

Mailing Address 2111 Memory Ln

City

Detroit Lakes

State

MN

Zip Code

56501-4828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Merit Care Health Systems

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C2437529**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Geoffrey L Loman MD**

Mailing Address 168 N Brent St Ste 502

City

Ventura

State

CA

Zip Code

93003-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brent Street Family Practice

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : C2433735**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janice E Luth MD**

Mailing Address 4830 Rucker Rd  
4830 Rucker Rd

City Moneta State VA Zip Code 24121-5281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : C2426537**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Charles G Marler MD**

Mailing Address PO BOX 990  
670 Park Ave

City Shelby State MT Zip Code 59474-0990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : C2426578**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Amy Kristen McIntyre MD**

Mailing Address 1140 W Diamond St

City Butte State MT Zip Code 59701-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Butte Community Health Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.44

Date of Receipt

09 / 08 / 2013

**Transaction ID : C2419176**

Amount of Each Receipt this Period

33.18

**SUBTOTAL** of Receipts This Page (optional)..... ►

833.18

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Transaction ID : C2426579

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Lloyd Michener MD**

Mailing Address Box 2914 DUMC

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C2437519

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Anne M Montgomery MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : C2434751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1325.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dale C Moquist MD**

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Family Medicine Residency

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

09 / 08 / 2013

**Transaction ID : C2419175**

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

## **B. Susan Murphey MD**

Mailing Address 151 Eastbrook Dr

City

Boone

State

NC

Zip Code

28607-3667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : C2434326**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **c. Mary S Nguyen MD**

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 02 / 2013

**Transaction ID : C2417236**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

490.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Scott Nichols**

Mailing Address 313 Scott St

City  
Baltimore

State  
MD

Zip Code  
21230-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medstar Franklin Square Med Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2013

**Transaction ID : C2430908**

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

**B. Jaime Gabriel Oakley MD**

Mailing Address 1225 E Weisgarber Rd  
Summit Medical Group, PLLC

City  
Knoxville

State  
TN

Zip Code  
37909-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C2437537**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Javette C Orgain MD**

Mailing Address PO Box 806527

City  
Chicago

State  
IL

Zip Code  
60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2013

**Transaction ID : C2444909**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

408.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. A Thomas Parsa MD**

Mailing Address 2864 E Imperial Hwy

City

State

Zip Code

Brea

CA

92821-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : C2425725**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michelle Quiogue MD**

Mailing Address 2460 Pine St

City

State

Zip Code

Bakersfield

CA

93301-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

KP-SCPMG

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

265.44

Date of Receipt

09 / 20 / 2013

**Transaction ID : C2430905**

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

**c. Alberto Ramos Mendez MD**

Mailing Address PO BOX 1076

PO Box 1076

City

State

Zip Code

Aguada

PR

00602-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C2437492**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

533.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Robert Chuck Rich MD**

Mailing Address PO BOX 10

3744 Old Abbottsburg Rd

City

Bladenboro

State

NC

Zip Code

28320-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CCNC/LCF

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : C2430907

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

## **B. Jeannine M Rodems MD**

Mailing Address 15 Suncrest Dr

City

Soquel

State

CA

Zip Code

95073-9709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2013

Transaction ID : C2436926

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **c. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2013

Transaction ID : C2434735

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

448.18

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City  
Hilliard

State  
OH

Zip Code  
43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C2437390**

Amount of Each Receipt this Period

122.00

Full Name (Last, First, Middle Initial)

**B. Richard M Shaw MD**

Mailing Address 475 White Swan Ct

City

Simi Valley

State

CA

Zip Code

93065-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C2437510**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Aaron Burl Shives MD**

Mailing Address 350 28th Ave SE

City

Watertown

State

SD

Zip Code

57201-8403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2013

**Transaction ID : C2417207**

Amount of Each Receipt this Period

36.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

308.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kari R Newquist Sikkink MD**

Mailing Address 1639 Birchwood Dr

City

West Fargo

State

ND

Zip Code

58078-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2013

Transaction ID : C2429424

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Glen R Stream MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 19 / 2013

Transaction ID : C2430371

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Erica Williams Swegler MD**

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.17

Date of Receipt

09 / 20 / 2013

Transaction ID : C2444910

Amount of Each Receipt this Period

102.27

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

602.27

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stacy J Taylor MD**

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9					2	0				

**Transaction ID : C2430909**

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

**B. William J Taylor MD**

Mailing Address 6404 Dry Cliff Cv

City

Austin

State

TX

Zip Code

78731-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9					0	9				

**Transaction ID : C2423666**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Michael P Temporal MD**

Mailing Address 180 S 3Rd St Ste 400

City

Belleville

State

IL

Zip Code

62220-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

So. Illinois Healthcare Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9					0	2				

**Transaction ID : C2417237**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

448.18

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly L Tjaden MD**

Mailing Address 1490 Riverside Ave N

City State Zip Code  
Sartell MN 56377-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2013

**Transaction ID : C2426443**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Pamela W Tuck MD**

Mailing Address 4135 Atlanta Hwy

City State Zip Code  
Montgomery AL 36109-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C2437387**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Randell K Wexler MD**

Mailing Address 6040 Haybury Dr

City State Zip Code  
New Albany OH 43054-8691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ohio State University

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2013

**Transaction ID : C2433723**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 05 / 2013

Transaction ID : C2418227

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mahrouf Musah Yusif Yusif**

Mailing Address 314 Bern St  
Reading

City

Reading

State

PA

Zip Code

19601-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

Transaction ID : C2433753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

16814.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2723.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2013

Transaction ID : C2437734

Amount of Each Receipt this Period

290.29

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.29

290.29

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

8.13

Category/  
Type

12.59

Category/  
Type

2.97

23.69



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

### A. American Express

Category/  
Type

26.49

State:  District:

## B. American Express

MM / DD / YYYY

Category/  
Type

6.24

State:  District:

### C. American Express

Category/  
Type

13.54

State:  District:

46.27

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three digital displays showing the date 09/30/2013 in MM/DD/YYYY format. The first display shows '09' with 'M' labels above. The second shows '30' with 'D' labels above. The third shows '2013' with 'Y' labels above. Each display has a small 'off' button in the top right corner.

7.95

75.00

Three digital displays showing the date 09/19/2013 in MM/DD/YYYY format. Each display has a small indicator light above each digit.

36.00

118.95

The diagram shows a rectangular frame with 10 vertical members and 2 horizontal members. A cross-section of a member is shown, indicating a rectangular shape with a central void.

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2013

Mailing Address WA2-505-01-40  
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Transaction ID : D148080

Amount of Each Disbursement this Period

173.56

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.56

397.41

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JIM GERLACH FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

**Transaction ID : D148094**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jim Gerlach**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

**Transaction ID : D148274**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Kurt Schrader**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPPs**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

**Transaction ID : D148091**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Lois Capps**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Mike Simpson

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2013

Transaction ID : D148275

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**Mailing Address 2931 E Dublin Granville Road  
Ste 2000

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2013

Transaction ID : D148405

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City	State	Zip Code
WASHINGTON	DC	20024

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Scott Peters

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2013

Transaction ID : D148404

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MIKULSKI FOR SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2013

Mailing Address PO BOX 13147

City	State	Zip Code
BALTIMORE	MD	21203

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Barbara A. Mikulski

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 00

Transaction ID : D148093

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. REED COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2013

Mailing Address PO BOX 8628

City	State	Zip Code
CRANSTON	RI	02920

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Jack Reed

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 00

Transaction ID : D148113

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR SENATOR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2013

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Susan Collins

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 00

Transaction ID : D148092

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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20000.00
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